



Notice of Desire to Contribute

SECTION A – EMPLOYEE INFORMATION (to be completed by employee only)

I hereby give notice of my desire to become a contributor to The Civil Service Superannuation Fund (CSSF).

Name: _____
First Name Last Name

Date of Birth: _____ Social Insurance Number: _____
YYYY / MM / DD

Employer: _____ Department: _____

Date from which I desire to become a contributor to the CSSF: _____

This date shall be no earlier than the first day of the first pay period in the second month after the month in which the Notice of Desire is signed or the first day of any subsequent pay period as provided above. I understand that once I sign this Notice of Desire, that I cannot rescind my decision to contribute to the CSSF.

Employee's Signature Home Email Address Date

This completed form should be given to your Human Resource / Payroll Department together with the completed Registration Certificate.

SECTION B – TO BE COMPLETED BY THE EMPLOYER

Employer: _____ Department: _____

Employee No: _____

Employment Start Date: _____ Fund Entry Date: _____
YYYY / MM / DD YYYY / MM / DD

Payroll Contact Name Phone # / Email Address Date

For CSSB Use Only